

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH0480 37365
State File No. 428

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5368		Registrar's No. 428	
1. PLACE OF DEATH a. COUNTY Jackson Rural Blue				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) R TOWN Independence		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence Rural Blue		d. STREET ADDRESS (If rural, give location) 9701 Linwood Blvd	
3. NAME OF DECEASED (Type or Print) a. (First) Arlon b. (Middle) C's c. (Last) Brumbaugh				4. DATE OF DEATH (Month) (Day) (Year) 11-2-1950			
5. SEX m		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-11-1885	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Theodore		13b. MOTHER'S MAIDEN NAME Margaret Kirkpatrick		14. NAME OF HUSBAND OR WIFE May M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-32-5778		17. INFORMANT'S SIGNATURE OR NAME Gladys Turpin		ADDRESS New 40 & Booth	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) large decompensated heart DUE TO (c) severe myocardial regeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Olaf Salomonson				23b. ADDRESS 929 Bryant Blvd		23c. DATE SIGNED 11/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-1950		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. Nov. 4-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 414 Blackmantson Inc. Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by—

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address Kansas City 1, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.